IV Hydration Therapy Consent & Liability Waiver

Full Name:

Date:

Signature:

I consent to receive IV Hydration Therapy. I understand the potential risks, benefits, and limitations of treatment, and I have disclosed all relevant medical information. I understand that IV hydration is not a substitute for emergency care. I acknowledge that all fees are non-refundable once the infusion has been prepared or treatment has begun. I release Boaz & Albertville Family Care, LLC from liability except in cases of proven negligence.